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CONFIRMATION NO. 4114

SERIAL NUMBER 09/939,166	FILING OR 371(c) DATE 08/24/2001 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. VAC.715
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** CONTINUING DATA ***** <i>No</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/28/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <i>[Signature]</i> Initials		STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 36 INDEPENDENT CLAIMS 5
ADDRESS 30159				
TITLE NEGATIVE PRESSURE ASSISTED TISSUE TREATMENT SYSTEM				
FILING FEE RECEIVED 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	